

GOWER
Rural District Council

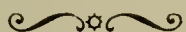
Annual Report
FOR THE YEAR
1946

By
G. E. DONOVAN
M.D., M.Sc., D.P.H.

Medical Officer of Health

PONTARDULAIS:
"Llwydwr Gazette" Office, 6, St. Michael's Avenue,
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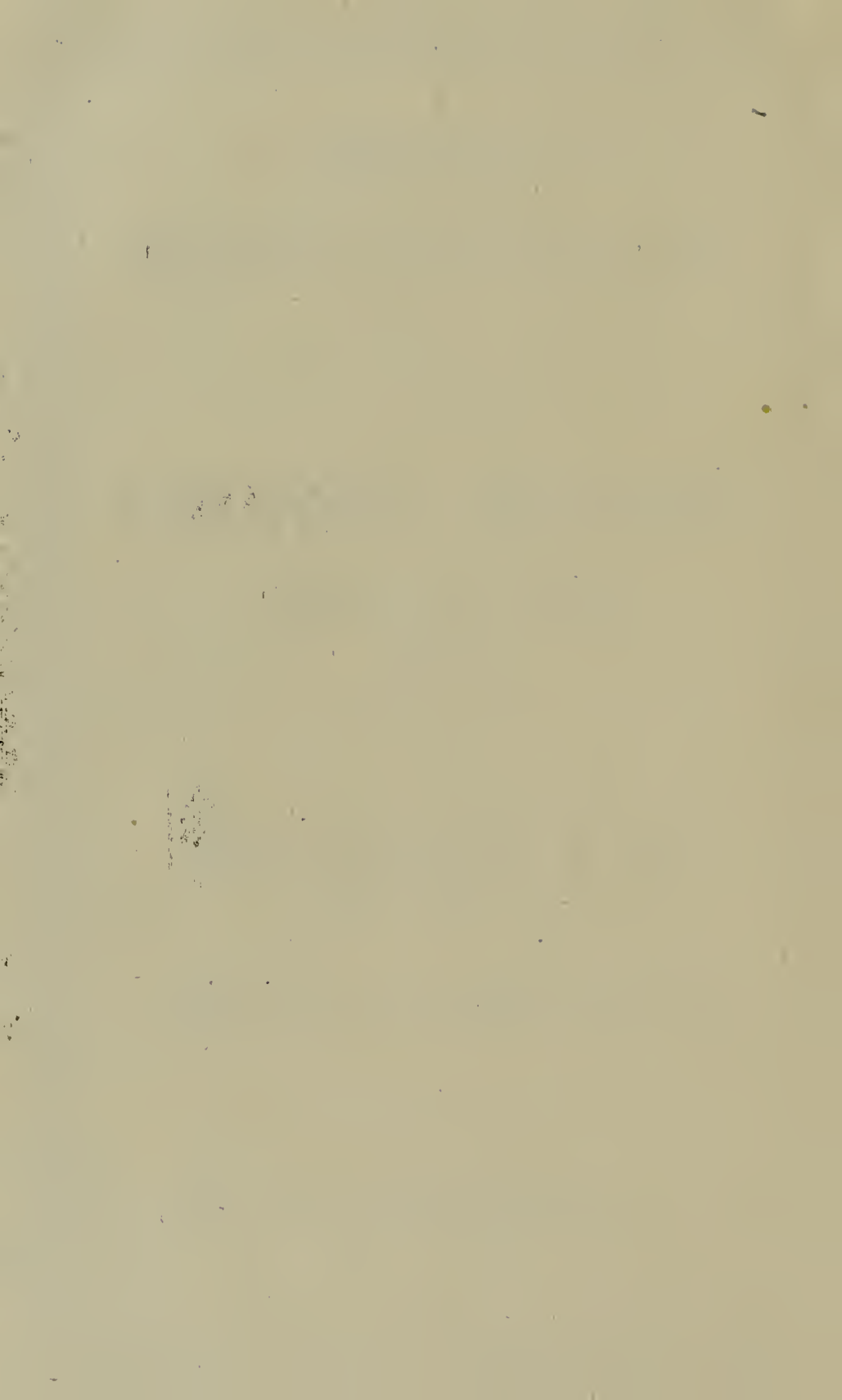
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Gower Rural District Council

Chairman : Councillor GLYN A. GROVE, J.P.

Vice-Chairman : Councillor PHILIP P. JONES.

Councillors :

P. T. WILLIAMS.	G. T. R. TAYLOR, J.P.
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F. C. BAYLISS.	C. M. GODBEER.
W. E. DAVIES.	A. J. GRIFFITHS.
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T. A. STEPHENS.	SAMUEL GRIFFITHS.
P. J. DAVIES.	W. G. TUCKER.
Col. F. S. MORGAN, C.B.E.	J. W. THOMAS.
S. E. JOHN.	A. VOYZEY.
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Chairman : Councillor W. G. TUCKER.

Vice-Chairman : Councillor WM. AUSTIN.

Maternity and Child Welfare Committee.

Chairman : Councillor A. J. GRIFFITHS.

Vice-Chairman : Councillor P. T. WILLIAMS.

Public Health Officers.

Medical Officer of Health.

G. E. DONOVAN, M.D., M.Sc., D.P.H.

Sanitary Inspector.

G. A. JONES, M.S.I.A.

Health Visitor.

W. SNOOK, R.F.N., S.R.N., C.M.B., H.V.Cert.

Clerk.

P. TUXWORTH.

Garngoch Isolation Hospital.

Medical Superintendent—G. E. DONOVAN, M.D., M.Sc.,
D.P.H.

Matron—D. ADAMS, R.F.N., S.R.N.

Gower Rural District Council.

Public Health Department,

Council Offices,

Gorseinon.

To the Chairman and Members of the
GOWER RURAL DISTRICT COUNCIL.

Gentlemen,

I have pleasure in presenting to you my Annual Report for the year 1946, which is the seventh of its series.

I wish to acknowledge the co-operation which I have received from the Council, the Staff of my own department, the Heads of the other departments of the Council, Dr. A. R. Culley, County Medical Officer of Health, and Dr. T. W. Wade, Chief Medical Officer of the Welsh Board of Health.

Your obedient servant,

G. E. DONOVAN,

Medical Officer of Health.

INTRODUCTION.

We live in changing times. A social revolution is taking place. These changes are reflected in medicine. A New State Medical Service is coming into being. Medicine has great traditions and has reached a very high stage of development. Research generally outruns the practical applications and there is usually a great time-lag between a discovery and its practical application. It is hard to see what the future of medicine will be. If the new machinery will be worked wisely, humanely, and if it is not too bureaucratic, it may be a good thing. The job is to preserve the best traditions of the old and harness it to our industrial civilisation. It is a peculiar fact that practically all great discoveries in medicine have come from the periphery.

Pasteur, who was not even a doctor, introduced modern bacteriology. Ehrlich, who did so much work on syphilis, worked in a laboratory no bigger than an ordinary room. Rontgen, who introduced X-rays, was a physicist and not a doctor. Anaesthetics were introduced by a quack dentist. Many other examples like this could be given. The difficulty is to allow that freedom which is so essential for progress and still have efficient machinery for a State Medical Service. It will probably work if scientific freedom will be allowed. Medicine can look to the future with confidence, if there is plenty of good will, compromise, and the spirit of justice leavened with warm charity and not a cold humanism which purports to love man in the mass but does not love them as individuals.

SOCIAL CONDITIONS AND INDUSTRIES.

The Gower Area is chiefly agricultural with the exception of the North Eastern end of the Peninsula, which is industrial in character.

There is one Colliery at Three Crosses which employs approximately 150 men ; these are drawn from the surrounding area.

A large percentage of the male population find employment in the Llŵchwr area where they are engaged in the Steel, Tin and Coal trades.

At Penclawdd, the cockle industry absorbs approximately 200 people, and it is in a thriving financial condition.

AREA AND POPULATION.

The District is divided into 17 parishes, the acreage of each parish being as follows :—

Bishopston	....	....	2598 acres.
Llanmadoc	....	....	1463 acres.
Cheriton	....	....	1427 acres.
Ilston	....	....	3109 acres.
Reynoldston	....	....	1069 acres.
Knelston	....	....	548 acres.
Llangennith	....	....	3373 acres.
Llanrhidian Higher	....	....	5212 acres.
Llanrhidian Lower	....	....	6125 acres.
Nicholaston	....	....	517 acres.
Penmaen	....	....	1005 acres.
Oxwich	....	....	1342 acres.
Pennard	....	....	2862 acres.
Penrice	....	....	2127 acres.
Porteynon	....	....	1151 acres.
Llandewi	....	....	2010 acres.
Rhossilli	....	....	2215 acres.
			38153 acres.

The estimated resident population of the district for 1946 is given by the Registrar-General as 10,830.

The number of inhabited houses at the end of the year was 3,068, and the rateable value of the district was £34,809, which represents a sum of £123 as the yield of a penny rate.

BIRTHS.

The number of live births registered for the district during 1946 was 201, being 100 males and 101 females, representing a birth rate of 18.6 per thousand of the estimated population. This rate is slightly lower than that recorded for England and Wales which is given as 19.1 per thousand of the population. In 1945, the net total births amounted to 162, with a birth rate of 15.2 per thousand of the population ; thus this year, there is an increase of 39 births, or 3.4 above the rate recorded for the preceding year.

Four male illegitimate children were registered and two females, a proportion of 29.8 per thousand registered live births.

The stillbirths numbered 8, that is 2 males and 6 females, which is equivalent to a rate of 38.2 per thousand total (live and still) births.

DEATHS.

The net total deaths after allowing for inward and outward transfers was 128, 69 males and 59 females. This represents a death rate of 11.8 per thousand of the population, and is slightly higher than the figure of 11.5 per thousand of the population given for England and Wales. 114 deaths occurred during 1945, giving a death rate of 10.7 per thousand of the population; thus this year there is an increase of 14 deaths, or 1.1 above the rate recorded for the preceding year.

There were 15 deaths in children under 1 year, during 1946, which gives an Infantile Mortality rate of 75 per thousand total live births. The rate for England and Wales is 43.

Two of the 6 illegitimate children born, died under the age of 1 year, representing a death rate of 333 per thousand illegitimate live births, whilst 13 out of the 195 legitimate children born, died under the age of 1 year, representing a death rate of 66 per thousand legitimate live births.

No deaths occurred in the area due to Puerperal Sepsis or other maternal causes.

Two deaths occurred from Diarrhoea and Enteritis under the age of 2 years, which is equivalent to 9.9 per thousand registered live births. The rate for England and Wales was 4.4 per thousand live births.

Three deaths were due to Pneumonia, 1 to Influenza, 4 to Bronchitis, and 2 from other forms of Respiratory Diseases, giving a total of 10 deaths from all forms of Respiratory Diseases, apart from Tuberculosis, giving a death rate of 0.9 per thousand of the population.

Nine deaths were registered from Tuberculosis of the Respiratory system, and 1 from other forms of Tuberculosis, giving a death rate of 0.9 per thousand of the population.

Three deaths were registered from Violence apart from Suicide, there being no Suicidal deaths.

Cancer and all other forms of malignant disease caused 26 deaths, giving a death rate of 2.4 per thousand of the population.

The rate of deaths from Infectious Diseases in 1946 are as follows:—

Diseases.	No. of Deaths.	Gower. England & Wales.	
		Rate per 1,000 population.	Rate per 1,000 population.
Small Pox	0	0.00	0.00
Scarlet Fever	0	0.00	0.00
Whooping Cough	0	0.00	0.02
Diphtheria	0	0.00	0.01
Measles	0	0.00	0.00
Typhoid and Paratyphoid	0	0.00	0.00
Influenza	1	0.09	0.15
Cerebrospinal Fever	0	0.00	Not available.

INFECTIOUS DISEASES.

There were only 2 cases of Diphtheria during the year. It may be stated that the incidence of Diphtheria in this area is low due to the extensive Immunisation Campaign.

Diphtheria Immunisation.

Diphtheria Immunisation has been one of the most successful and most satisfactory duty of the Medical Officer of Health.

We now immunise children at the age of 8-9 months and have their immunisation completed before they reach the age of one year. A booster dose is given before the child goes to school.

It cannot be too strongly stressed that Diphtheria Immunisation gives nearly 100 per cent. protection and that in my opinion a parent or guardian who knowingly deprives a child of this protection is guilty, to say the least, of gross negligence, and that is using a mild term. There is no reason why anyone in this area can state that they are not aware of the facilities available to them for immunisation. Most of the children have been immunised by myself.

Scarlet Fever.

No cases of Scarlet Fever were notified to my department during the year.

The removal of cases of Scarlet Fever to Isolation Hospital in this district, depends upon home conditions. If the home conditions are such that in the opinion of the Medical Officer of Health it is safe to nurse the patient at home, this is done, but if the home conditions are not so, the patient is admitted to Garngoch Isolation Hospital.

Scarlet Fever is caused by the Haemolytic Streptococcus and produces a typical rash in the patient. Many a case may be infected with this organism resulting only in sore throat with absence of rash and strawberry tongue, hence the difficulty in the detection and control of carriers of this disease.

Anti-Toxins.

Supplies of Scarlet Fever and Diphtheria Anti-Toxins are stored at the Police Stations in the district ready for use by any of the General Practitioners.

Pneumonia and Influenzal Pneumonia.

Seven cases of Pneumonia were notified during the year, giving a rate of 0.6 per thousand of the population. The rate recorded for England and Wales was 0.89 per thousand of the population.

Respiratory Infection.

A very great cause of respiratory infections is due to the fact that people cough and sneeze without putting a handkerchief in front of their noses and mouths to prevent the germs spreading.

It is also a fact that railway carriages, buses, etc., tend to be overcrowded and during a journey one individual with a respiratory disease tends to infect a whole lot of people travelling with him.

A person who has a respiratory disease such as a common cold, should not travel, if it can possibly be avoided, in public vehicles or go to the cinema or other places of amusement. Such an individual should not go to work if it can possibly be avoided, as the effect of his action will be to infect those he comes in contact with, and instead of one being laid-up, it is possible that there could be many.

It may be possible in the future to cut down these respiratory infections by means of immunisation, air disinfection and sterilisation by means of ultra-violet light, etc.

Typhoid.

In the past, Typhoid was mainly due to bad water supplies. An outbreak of Typhoid occurred in Aberystwyth during 1946. It was a very big outbreak, and 13 of these cases were admitted to our Isolation Hospital. All the cases admitted by us from Aberystwyth recovered. The Medical Research Council sent along a special investigator to get particulars, and he was very satisfied with our treatment. The importance of the Aberystwyth case is that it was caused by Icecream. It illustrates the fact that the price of good health in a community is constant vigilance. The Sanitary Inspectors have been instructed to check up on all places where food, Icecream, etc. are prepared, and to keep a constant watch.

Scabies.

Scabies are treated in this area by the Benzyl Benzoate treatment which is supervised by the Health Visitor. Cases are brought to our notice by the County Medical Officer of Health, Local Medical Practitioners, Health Visitor, and by direct application by the patients who are very appreciative of the facilities given them.

Venereal Diseases.

Venereal disease is a menace to public health. One of the best means of reducing its incidence is by very generous propaganda. The Ministry of Health has carried out such propaganda throughout the country. The Glamorgan County Council is co-operating to the fullest degree with the local authorities. We are co-operating whole-heartedly with the V.D. campaign.

Many cases are brought to the notice of the public health department. Those who are not attending for treatment are contacted and encouraged to attend a V.D. clinic. Contacts are also requested to attend a clinic.

Wasserman Blood Tests are being done in our Ante-Natal Clinics, as a routine, and the samples of blood are sent to the Cardiff and County Public Health Laboratory.

The nearest clinics for this area are held at Swansea and Port Talbot, and the sessions are as follows :—

Swansea Clinic (Situate at Swansea General and Eye Hospital :—

Males—Monday, 2 p.m.
 Tuesday, 7.30 p.m.
 Friday, 10.30 a.m.

Females—Thursday, 1 p.m.

Port Talbot Clinic (Situate on the right hand side of the road immediately opposite the exit from G.W.R. Station) :—

Males—Monday, 2.30 p.m. to 4.30 p.m., and 5 p.m. to 8 p.m.

Thursday—10.30 a.m. to 1 p.m., and 2 p.m. to 4 p.m.

Females—Wednesday 10.30 a.m. to 1 p.m., and 2 p.m. to 4 p.m.

Thursday 5 p.m. to 7 p.m.

Rickets.

Rickets is a very easy disease to prevent by means of Vitamin D which is given to all children. A good lot of the defects in child birth is due to a woman having a distorted pelvis due to rickets. By treating the very young, much future disability can be prevented in a woman, and not only to her, but to her future child.

Whooping Cough Immunisation.

There are encouraging reports about the value of whooping Cough Immunisation. In the past it was futile to immunise against Whooping Cough as there was no efficient immunising agent. Recently, there has appeared such an agent. This immunisation, in its present stage, would reduce the death rate to $\frac{2}{3}$ of its former level and would render the disease, when it would occur, in a milder form.

It is hard to get statistics on the death rate due to Whooping Cough, as it is the complications of Whooping Cough which kill. These complications are Broncho-Pneumonia, etc. Whooping Cough is a common cause of Bronchiectasis which later gives rise to chronic invalidism and eventually death. Whooping Cough is a most distressing disease, and no-one who has seen a young child in the paroxysms of Whooping Cough can help but feel the greatest pity for such a child.

I propose and suggest that we go ahead with Whooping Cough Immunisation. It will also have the great advantage that we can do, at the same time, those children who have not been immunised against Diphtheria.

ANALYSIS OF NOTIFIABLE DISEASES (other than Tuberculosis) during the year 1946.

Diseases.	Number of Cases.													Total number of cases admitted to Gartnagoch Isolation Hospital.	Total Deaths.
	At all Ages	Age Periods.													
		Under 1 Year	1 to 2	2 to 3	3 to 4	4 to 5	5 to 10	10 to 15	15 to 20	20 to 35	35 to 45	45 to 65	65 and over		
Smallpox
Scarlet Fever
Diphtheria	2	...	...	...	...	...	...	1	...	...	...	...	...	...	...
Dysentery	2	...	...	...	...	2	...	...	...	...	...	...	...	...	...
Enteric Fever
Puerperal Pyrexia
Pneumonia	...	3	2	...	1	...	...	...	...	...	...	...	1	...	3
Erysipelas
Cerebrospinal Fever
Polioencephalitis
Ophthalmia Neonatorum	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	1	...	1	...	...	...	...	...	...	...	...	...	...
Peniphigus Neonatorum
Malaria

TUBERCULOSIS.

14 cases of Pulmonary Tuberculosis and 3 of other forms of Tuberculosis were notified during 1946. The total number of deaths registered from all forms of Tuberculosis was 10.

The existing arrangements between the Medical Officers of the King Edward VII Welsh National Memorial Association and the General Practitioners of the district appears efficient and satisfactory. All new cases are, as a rule, referred to the Tuberculosis Physician for confirmation of diagnosis, treatment, and for continued observation of progress.

Certain cases are eligible for financial help, and those that are not, but who need financial help are referred to the Public Assistance Authorities.

On receipt of a notification of surgical tuberculosis, the sanitary inspectors automatically check up on the milk supply from which district the notification is received.

To wipe out Tuberculosis from a community, it is necessary to have prompt diagnosis. This depends upon competent general practitioners, competent Tuberculosis Services with mass radiography, and sanatoria for the prompt isolation of suspected and early cases and the segregation of those who are suffering from the disease and liable to affect others. Unfortunately, there are many factors which militate against this. Whole wards of sanatoria are closed down due to lack of staff. Another factor which tends to propagate Tuberculosis, especially among the young, is milk which contains the Tubercle Bacillus. Pasteurisation, T.T. Herds, etc., could render milk safe against Bovine T.B.

On the Continent, a lot of work has been done on artificially immunising young children against T.B. by means of B.C.G. Vaccine. This means that the child is given a very attenuated form of T.B. which is so weak that it does not cause the disease but gives the child immunity. It is probable that control experiments will be done in these islands to test the practicability of these methods.

Tuberculosis Meningitis..

Streptomycin is a promising biotic agent for the treatment of T.B. Meningitis. The results so far are not too good. Its real value is that it will eventually lead to the development of other agents which should be curative in the early stages.

Particulars of new cases of Tuberculosis and deaths from the disease are given in the following Table :—

NEW CASES AND MORTALITY DURING 1946.

Age Periods.	NEW CASES.				DEATHS.			
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
	M.	F.	M.	F.	M.	F.	M.	F.
0—	...	...	...	...	...	...	1	...
1—	...	1	1	...	...	...	...	...
5—	...	...	...	...	...	...	...	...
15—	1	2	1	...	...	...	...	...
25—	2	2	...	1	2	...	...	...
35—	1	1	...	...	2	1	...	...
45—	2	...	...	...	1	1	...	...
55—	1	...	...	...	1	1	...	...
65 and upwards	1	...	...	...	...	...	...	...
TOTALS ...	8	6	2	1	6	3	1	...

PUBLIC HEALTH (PREVENTION OF TUBERCULOSIS) REGULATIONS, 1925.

No action was taken under this regulation during the year 1946, relating to Tubercular employees in the milk trade.

PUBLIC HEALTH ACT, 1936, SECTION 172.

No action was taken under this section during the year 1946.

RHEUMATIC FEVER.

In my last Annual Report, I mentioned about the dangers of Rheumatic Fever and about the necessity of having this disease made compulsorily notifiable so that its general prevalence should be brought to the attention of the public and that suitable action should be taken for its control. Since then, the disease, by an order of the Minister of Health, has been made notifiable in the Bristol-Gloucester area. This has been done to get sufficient data. It is probable that eventually the same action will be taken throughout the whole of the country. If this is done, the incidence of heart disease will be greatly diminished.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

Laboratory Facilities.

Pathological and Bacteriological examinations are made by Dr. Sladden at the "Beck" Laboratory, Swansea. All Medical Practitioners within the district can have any sample examined free of cost, the cost being borne by the Council.

Ambulance Facilities.

(a) **For Infectious Cases.**—A Motor Ambulance is provided for the removal of Infectious Cases to the Isolation Hospital.

(b) **For Non-Infectious Cases, Accident and Maternity Cases.** The St. John Ambulance at Swansea and Gowerton can be obtained by any member of the public upon payment, if such a member is not a contributor.

Nursing in the Home.

(a) **General.**—For ordinary sickness or accident the service of the Queen Victoria Memorial Association Nurses is available in the area. These nurses are paid by the District Nursing Association.

(b) **Infectious Diseases.**—In cases of severe epidemics such as Measles or Influenza, helpers can be obtained, and these helpers act under the direction of the Health Visitor.

Premature Babies.

Arrangements have been made with the local hospitals that take in Maternity Cases in this area, to keep in hospital any infant who is born prematurely. The child is not sent home until it is up to the average weight. If a child is born prematurely at home, the home is visited by the Health Visitor, and if the child requires institutional care, it is immediately sent to the West Glamorgan County Hospital, Penrhiwtyn. If it is safe for the child to stay at home, the Maternity and Child Welfare Authority co-operates in providing blankets, hotwater bottles, etc.

Illegitimate Children.

All these cases are carefully supervised by the Health Department, and suitable institutional treatment is provided if required. The unmarried mother is encouraged to keep her own child if possible, when the home difficulties with the grandparents of the child are smoothed out. It is very desirable that the mother should keep the child as long as possible as no institution is equivalent to even a fair natural affection from the baby's mother. Some cases must be adopted, and the Public Health Department co-operates in seeing that the child is suitably adopted.

Many enquiries are made by adoption societies about the suitability of prospective foster parents in this area. All these cases are thoroughly investigated, and a confidential report is sent to the adoption society.

INFANT MORTALITY RATE.

The Infant Mortality Rate is a very good index to the social circumstances of an area as the rate tends to be high in places where bad housing, overcrowding, defective sanitation, maternal ignorance and neglect, prevail.

The figures for England and Wales in 1939, for the death rate, per thousand births were :—

Under 1 day	....	....	10.23
1—7 days	....	....	10.87
1—4 weeks	....	....	6.99
1—3 months	...	....	7.22
3—6 months	....	...	7.02
6—9 months	....	....	4.4
9—12 months	....	....	2.92

The three principal causes of death which account for about $\frac{3}{4}$ of the total death roll are :—

1. Developmental conditions including birth injury, prematurity, debility, convulsions, malformations, etc.
2. Respiratory Diseases
3. Gastro-Enteritis.

Health Visitors.

In the opinion of the Medical Officer of Health, Home Visiting on the part of the Health Visitors is their most important function. In certain continental countries, the very low infantile mortality rate is attributed to their home visiting. Clinics have their value and their use, but home visiting on the part of the Health Visitors is most important.

Clinics and Treatment Centres.

There are five Infant Welfare Centres in the district :—

Dunvant	.... held on alternate Tuesdays
Bishopston	.... held on alternate Tuesdays
Penclawdd	.... held on alternate Wednesdays
Llanmoltais	.... held on alternate Wednesdays
Reynoldston	.... held on alternate Thursdays

The attendance at the Clinics during 1946 was as follows

			Infants.
Dunvant	....	No. on Register	.... 160
		Average Attendance	.... 96
Bishopston	....	No. on Register	.... 111
		Average Attendance	.... 54
Penclawdd	....	No. on Register	.... 121
		Average Attendance	.... 67
Llanmorlais	....	No. on Register	.... 71
		Average Attendance	.... 40
Reynoldston	....	No. on Register	.... 54
		Average Attendance	.... 31

Ante-Natal Clinics.

Ante-Natal Clinics are held monthly at Penclawdd and Bishopston. The Midwives attend these clinics with their patients, and the clinics are integrated with the County Ante-Natal Clinic at the West Glamorgan County Hospital, Pen-rhiwtyn.

School Clinics.

The School Clinics in the district are held at the Gower-ton Schools, where the children are treated periodically by the Education Authorities' Medical Officers.

Tuberculosis Clinics.

The treatment of Tuberculosis is in the care of the King Edward VII Welsh National Memorial Association and patients suffering from this disease attend the dispensary at 10, Grove Place, Swansea, which is open from 9.30 a.m. to 12 noon on Mondays, Tuesdays and Thursdays.

Sanatorium accommodation for the patients of this district is provided at the various Sanatoria in Wales, there being no local sanatorium.

Garngoch Isolation Hospital.

Infectious cases in this district are treated at the Garn-goch Isolation Hospital, where the facilities provided lend themselves to the adequate nursing of the various cases which are admitted.

During the year, the number of cases admitted comprised of 2 cases of Diphtheria, 1 case of Pneumonia, and 2 cases of Cerebrospinal Fever.

The availability of plentiful supplies of Penicillin has made the medical treatment of some of these patients more satisfactory, but the nursing more difficult, as the Penicillin has to be injected every three hours both night and day.

Vaccination.

Vaccination against Smallpox is not necessary as a routine as the public are protected by the medical examinations which occur at the seaports and airports. It is probable, at the present time, that the risks incurred by vaccination are greater than the risk of getting Smallpox. If, by chance, Smallpox does break out in this district, the balance in favour of non-vaccination is immediately upset, and the risk of getting Smallpox is very much greater than the risks due to vaccination. In such circumstances, it is desirable that there should be immediate mass vaccination in the area.

Hospitals.

The Hospitals where treatment is available for the inhabitants of the district are as tabulated below :—

Hospitals.

The Hospitals where treatment is available for the inhabitants of the district are as tabulated below :—

Hospital.	Situation.	Purpose.	Beds.
Gorseinon General Hospital.	Gorseinon ...	General and Maternity ...	Medical and Surgical. (60 beds). Children (10 Cots). Maternity (10 Beds). Ear, Nose and Throat.
Swansea General and Eye Hospital.	Swansea ...	General ...	Medical and Surgical. Children. Ear, Nose and Throat. Venereal Disease.
Llanelly and District General Hospital.	Llanelly ...	General ...	Medical and Surgical Children. Ear, Nose and Throat.
West Glamorgan County Hospital.	Neath ...	General and Maternity ...	
	Bridgend ...	Mental ...	
	Hensol Castle ...	Mental ...	
Garngoch ...	Garngoch Common ...	Isolation ...	Infectious Diseases. 28 Beds, 4 Cots.

Midwifery and Maternity Service.

There has always been controversy on whether it is more desirable for a woman to have her baby at home or in hospital. In the opinion of the Medical Officer of Health, this depends upon the circumstances of the case. If a case is normal, and the home conditions good, and there is a good midwife and a good doctor in attendance, there is a certain advantage in having the baby at home as the danger of infection would be very much less.

Occasionally, there are outbreaks of Gastro-Enteritis in Maternity Hospitals which cause a severe mortality rate

among the infants. This disease is a virus one. It probably could be prevented by isolating each infant in its own cubicle and by special precautions for preventing infection.

If the home conditions are really bad, or if the case is a complicated one, and if the immediate danger is greater than that which normally would be in hospital, one chooses the lesser risk which would be hospitalisation.

Health Education.

A good lot of disease is due to the lack of knowledge. One of the duties of a Public Health Department is to educate the people in health matters. This is done mainly through the clinics or personal contact, and also with propaganda such as bills, etc. This health propaganda must be done judiciously as, if it is wrongly done, it makes people too much aware of their bodies and suggests to them that they are suffering from diseases which they are not. It would, consequently, tend to set up neurosis. Every Medical Officer of Health is aware of this, and consequently designs his propaganda to get the maximum good effect without the ill effects.

The Public Health Department has tended, in this area, to become a general information bureau on matters directly and even indirectly affecting health. Doctors are constantly ringing up for information, and people are constantly calling for information. A great deal of time is taken up in answering these enquiries.

Home Help Service.

There is no Home Help Service in this area. The need for this service in our area is not as great as it is in large cities. This is due to the fact that in large cities the mutual help given by neighbours to neighbours in time of illness is very poor. In our area, there is a tradition for mutual assistance, and neighbours help neighbours in time of crisis.

In spite of this, certain difficulties arise. If, in the opinion of the Medical Officer of Health, the home conditions are such in a confinement case, that it is dangerous for the mother to be delivered at home due to lack of help, etc., arrangements are made for the case to be admitted to hospital, and if there are young children who cannot be cared for, arrangements are made for them to be admitted into a suitable institution.

Institutional Provision for Unmarried Mothers, Illegitimate Children and Homeless Children.

Provision for unmarried mothers, illegitimate children and homeless children is provided for by the respective Public Assistance Authorities at Pontardawe and Penmaen.

Health Visitors.

During the year, the Health Visitor paid :—

1. To Expectant Mothers	First Visits	20
	Total Visits	39
2. To Children under 1 year of age	First Visits	184
	Total Visits	899
3. To Children between the ages of 1 and 5 years	Total Visits	1483

Infant Life Protection.—Children and Young Persons Act, 1932.

Any cases coming under the Children and Young Persons Act, 1932, are reported by the Health Visitor.

Orthopaedic Treatment, etc.

In an authority like this which is responsible for the care of children of pre-school age, every attempt is made to have any defects corrected as soon as possible. Cases are referred to the Orthopaedic, Ear, Nose and Throat and Ophthalmic Clinics of the Glamorgan County Council for examination and treatment. It is easier and better public health to correct them while they are very young and not wait until school age.

Binocular vision depends upon the slight dissimilarity of the image perceived by each eye. The brain of the child with a squinting eye tends to suppress the image perceived by the squinting eye. If this condition is allowed to persist, the vision in the squinting eye is practically lost. This means that the child will never have binocular vision. The general consensus of medical opinion is that this squint should be corrected as soon as practicable, and it is probable that, if the child reaches school age without the squint being corrected, on the whole, the child will never have full binocular vision.

Worms.

The Medical Officer of Health has come across many cases of Thread Worms in children of pre-school age. The incidence of this is probably very high, and as far as the Medical Officer of Health knows, there has never been an accurate survey done throughout this country on the incidence of Thread Worms. These worms cause irritability and ill-health in children. It deprives the child of the restful night's sleep to which it is entitled. To tackle this problem, it would be necessary to take rectal swabs, to find the Thread Worms and their eggs. It is probable that if such a survey were done, it would prove of value. The Medical Officer of Health is inclined to the view that the prevalence must be very great.

D.D.T.

The advances in medicine are great. D.D.T. gives us an agent which can control fairly effectively Lice, Fleas and Flies, etc. The importance of this can be appreciated.

WATER SUPPLIES.

65 per cent. of the area is served by the Council's main, the remaining 35 per cent. draw water from deep and shallow wells—most of these wells are potentially a source of danger to Public Health. There are extensions of the pipe supply now going on in the Ilston, Oxwich, Penrice and Reynoldston parishes; these are part of the proposed comprehensive Water Scheme.

Number of samples taken :—

Number.	Results.
9	Satisfactory.
4	Fairly Satisfactory.
4	Doubtful purity.
6	Plumbo Solvency. = $\frac{1}{12}$
1	Unsatisfactory.

MILK.

Milk is a most nutritious food, but it is also a very dangerous food. It could spread diseases like Tuberculosis, Typhoid, Germs like Brucella Abortus which cause contagious abortion in cattle, and in human beings a chronic illness which shows symptoms somewhat allied to Rheumatoid Arthritis.

Milk should come from healthy cattle, and be collected and distributed under the most hygienic conditions. Due to human frailty and error, it is also advisable that it should be pasteurised. This does not mean that one is advocating that the milk can be prepared under any conditions. It means that we should strive for the cleanest possible milk, and then, as a further precaution, pasteurise it. In an area like ours, I strongly advise that all milk should be heat treated before giving it to the young. The only effect of pasteurisation is to slightly change its taste, which the normal person will not notice. It cuts down the Vitamin C content and probably slightly affects the Calcium level. The slight loss of Vitamin C can be made up with Orange Juice, and the individual will get plenty of Calcium in his other foods.

During the year 17 samples of milk produced in this area were submitted for the Tuberculosis test, the results of which were all negative.

More sampling of milk for the presence of Tubercle Bacilli could be carried out but at present the number of samples which can be forwarded to the laboratory are limited by the County Council, due to the shortage of Guinea Pigs.

MILK SAMPLES.

Bacteriological samples of milk were taken on 17 occasions and found to be :—

6 Satisfactory.

11 Unsatisfactory.

ICE-CREAM.

It is a fairly common belief that freezing kills bacteria. Actually it is a good method of preserving their life for long periods.

It can be seen that there is a great danger if Ice-cream is made from materials which contain pathogenic organisms. What is even more dangerous is the actual introduction of organisms by insanitary methods of handling..

There have been numerous outbreaks of intestinal infection throughout the country due to Ice-cream, and consequently regulations have been in existence for some years requiring the registration of premises used for the prepara-

tion of Ice-cream. These premises should be periodically inspected. Laboratory tests for cleanliness are desirable, but unfortunately, there is no known test which is sufficiently reliable for use as a statutory test of its contamination with non-pathogenic organisms.

At the present time, a good idea of the hygienic quality of Ice-cream can be got by doing a total bacterial count, coliform count, and the identification of the coliforms if of excremental type or otherwise.

It is very desirable that Ice-cream should be heat treated before being frozen.

HOUSING.

Although the housing position was greatly eased owing to the requisitioning of service camps in the area, it is still found that there is a great need for houses. There is considerable overcrowding in the Dunvant and Penclawdd areas. Now that the building programme will commence in the near future, there is every likelihood that some of these houses will be ready for occupation by the end of 1947.

In the area there are 64 Council houses, 6 agricultural cottages, 12 houses under requisition and, in addition, there are 60 families housed on the Graig-y-Coed Estate, Penclawdd, and 32 on the Parc Estate, Upper Killay.

175 applications for houses were received during 1946, and additional applications are being frequently received.

Adequate housing at economic rents is necessary for the maintenance of the health of a community. It is useless giving a family a decent house if it means that, due to the high rent, they cannot afford to buy good food.

SALE OF FOOD AND DRUGS ACT, AND MILK AND CREAM REGULATION.

The duties of inspection under the above acts are entrusted to the officers of the County Police, of and above the rank of Sergeant.

Through the kindness of Superintendent Pugh, I am able to give the following particulars of samples taken and sent

to the Public Analyst to be analysed under the Food and Drugs Act, etc., in the Gower Rural District during 1946 :—

New Milk	....	....	....	13
Butter	....	....	....	1
Margarine	....	....	....	1
Lard	....	....	....	1
Vinegar	....	....	....	1

These samples were collected from Penclawdd, Llanmorlais, Killay and Dunvant, and of the 17 samples taken, 14 were certified by the Public Analyst as genuine.

Two samples of milk were found to be deficient in milk fat, and one sample was found to contain added water. Proceedings were instituted against the vendors, who were convicted by the Magistrates.

SHELLFISH.

The Medical Officer of Health cannot stress too strongly the danger to public health in the present arrangements of preparing cockles in the Gower area. These cockles are contaminated. The choice for the Council is very limited. Either they have to close down the beds, or bring in regulations to have the cockles steam-sterilised and prepared and marketed under hygienic conditions.

It is absolutely desirable, from a public health point of view, that we should introduce into the Gower area a proper sewage system. There is danger of further pollution of Shellfish in the Gower area, and special precautions should be taken to off-set the ill-effects of this.

APPENDIX

1.—General Statistics.

Area of District—38,153 acres.

Number of inhabited houses at the end of the year—3,068.

Rateable Value of District—£34,809

Sum represented by 1d. rate—£123.

Registrar-General's estimate of resident population mid 1946—
10,830.

2.—Extracts from Vital Statistics of the Year.

Live Births :—

	Total.	M.	F.	
Legitimate	.... 195	96	99	Birth rate per 1,000 of the estimated resident population—18.6
Illegitimate	.... 6	4	2	

Still Births :—

Legitimate 8	2	6	Rate per 1,000 total (live and still births) —38.2
Illegitimate —	—	—	

Deaths :—

	Total.	M.	F.	
	128	69	59	Death rate per 1,000 of the estimated resident population—11.8
				Rate per 1,000 total (live & still) Deaths. births

Deaths from Puerperal Sepsis —	} —
Deaths from other Puerperal Causes —	
Total —	

Death rate of Infants under 1 year of age :—

All Infants per 1,000 live births	.... 75
Legitimate Infants per 1,000 legitimate live births	.... 66
Illegitimate Infants per 1,000 illegitimate live births	.... 333

Deaths from Cancer (all ages)	.... 26
Deaths from Measles (all ages) —
Deaths from Whooping Cough (all ages) —
Deaths from Diarrhoea (under 2 years of age)	.... 2



